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Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001704 (3)

1. Corporation Name

THE GARY PLAYER FOUNDATION, INC.

Principal Place of Business	Mailing Address
3930 RCA BLVD STE 3001 PALM BEACH GARDENS FL 33410 US	3930 RCA BLVD STE 3001 PALM BEACH GARDENS FL 33410 US

3. Date Incorporated or Qualified: 03/29/1996

4. FEI Number: ~~31-1485040~~ 65-0704203 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE SUITE 300 MIAMI FL 33131	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KIRKLAND, LES		1.2 NAME		
STREET ADDRESS	3930 RCA BLVD STE 3001		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL 33410		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DECROOTE, MICHAEL G		2.2 NAME		
STREET ADDRESS	11 VICTORIA STREET P O BOX HM 1065		2.3 STREET ADDRESS		
CITY-ST-ZIP	HAMILTON HM EX BE 33410		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PLAYER, MARC B		3.2 NAME		
STREET ADDRESS	3930 RCA BLVD STE 3001		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL 33410		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, PAMELA J		4.2 NAME		
STREET ADDRESS	3930 RCA BLV STE 3001		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL 33410		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CROUCH, ARLEN B		5.2 NAME		
STREET ADDRESS	2200 WEST PARKWAY BLVD		5.3 STREET ADDRESS		
CITY-ST-ZIP	SALT LAKE CITY UT 84119		5.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PLAYER, GARY J		6.2 NAME		
STREET ADDRESS	3930 RCA BLVD, SUITE 3001		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pamela T. Campbell 03-27-98 (561)624-2300